

DEPARTMENT OF SOCIAL SERVICES  
744 P Street, Sacramento, Ca 95814



June 9, 1983

ALL COUNTY LETTER NO. 83-50

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: FARIAS V. WOODS: PAYMENT OF RETROACTIVE AFDC-FOSTER CARE  
TO RELATED CARETAKERS OF FEDERALLY ELIGIBLE CHILDREN

Emergency regulations to implement the Farias v. Woods Superior Court order have been filed and are effective June 1, 1983. This letter transmits the forms necessary to implement the regulations. Copies of the final regulations will be mailed as soon as they are available.

On December 28, 1982 the Superior Court ordered that those federally eligible children who were denied AFDC-BHI solely on the basis that they were residing with relatives are entitled to retroactive benefits from February 1, 1978 through the date on which they were transferred to AFDC-FC or became ineligible. The date of transfer may be later than the January 8, 1980 Miller v. Youakim regulations since those regulations were implemented on a flow basis. The regulations implementing the court order establish state and county outreach requirements, application standards, conditions of eligibility for retroactive benefits, eligibility determination, verification and documentation requirements, determination of payee, computation of retroactive payments, claims processing time limits, and reporting requirements.

#### Implementation of Regulations

Counties shall begin to review all AFDC (FG/U/FC) applications and discontinuances immediately upon the effective date of these regulations. Counties shall begin to review active AFDC (FG/U/FC) cases at redetermination as soon as administratively feasible so that all AFDC cases will have been reviewed within the 15-month application period. No particular procedure for identifying children now receiving AFDC-FG/U or FC who might be eligible to receive the retroactive benefits is required.

The Statement of Facts Supporting Eligibility for Retroactive AFDC-Foster Care Payments (TEMP 1562) must be made available to anyone who believes he/she may be eligible for retroactive benefits. It is the claimant's responsibility to complete the form and return it to the appropriate county welfare department.

Applications must be processed within 60 days of the receipt of a completed screening application. The FC 3 should be completed to determine the child's federal eligibility. However, the county may use the CA 2, FC 2 or FC 3 when establishing the child's AFDC linkage. The choice of appropriate form would depend on the availability of information in the case record regarding the retroactive time period. Once eligibility is established, the Foster Care Retroactive Payment Worksheet (TEMP 1561) shall be used to determine the amount of retroactive payment. Please refer to ACL 83-16 for payment claiming procedures.

#### Notice of Action

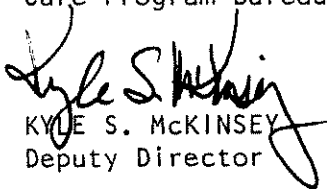
When the former child recipient applies for the retroactive benefits, and the primary caretaker has already applied, the county shall send the child a notice of action denying the child's application based on the primary claimant's priority status. We suggest the following wording for denying the child's application:

"Your application for Farias v. Woods retroactive payments is denied because your former caretaker relative has already applied for the retroactive benefits. EAS Sections 50-050.451 and 50-050.611 provide priority payment to the former caretaker relative, while Section 50-050.613 provides for payment to only one eligible person. Section 50-050.811 requires that payment be made to the former caretaker relative unless that person fails to apply for the benefits."

If the primary caretaker has not yet applied for the retroactive benefits, the child's application shall be processed within 60 days. However, if the child is determined to be eligible for the retroactive benefits, a notice of action must be sent to the child indicating that although the child is eligible for the benefits, payment cannot be made until after August 31, 1984 to give the former caretaker the maximum time for applying for the benefits. If the former caretaker relative applies for the retroactive benefits after the child's application has been approved, the county shall send the child another notice of action indicating that he/she is no longer an eligible payee because the former caretaker relative has applied for the benefits and regulations require priority payment to the former caretaker relative.

Local agencies may utilize the attached forms for reproduction until regular supplies become available through the Departmental Warehouse. The TEMP 1561 and 1562 in English will be available after June 9, while the Spanish translation of the two forms will not be available until mid-July. Agencies will be notified when the Spanish translation is available. The forms should be ordered on Form GEN 727-B from the State Department of Social Services Warehouse, P.O. Box 22429, Sacramento, Ca 95822.

If there are any questions regarding this notice, please contact the Foster Care Program Bureau at (916) 445-0813.

  
KYLE S. MCKINSEY  
Deputy Director

Attachments

**FOSTER CARE RETROACTIVE PAYMENT WORKSHEET**

(Farias v. Woods)

**INSTRUCTIONS:** Complete a separate section for each period of time during which there was no change in any of the items. A section maybe completed for a single month or more than a year if there was no change in payment level, income, FBU, etc.

NAME OF CHILD		CASE NAME	
NAME OF CLAIMANT		CASE NUMBER	
From <u>      </u> MO./YR.	1. a. Basic Foster Care rate for retroactive month .....	\$	
to <u>      </u> MO./YR.	b. Child's separate income .....	-	
Months of Retroactive Payment during which there was <u>no</u> change	c. Foster Care Payment (a - b) .....		
	2. a. AFDC Maximum Aid Payment (MAP) for Family Budget Unit (FBU) for retroactive month .....	\$	
	b. MAP without Farias child(ren) and needy caretaker relative if only in FBU due to Farias children .....	-	
	c. Farias child(ren)'s share of AFDC MAP (a - b) .....	\$	
	d. Number of Farias child(ren) in AFDC FBU ( ) .....	$\frac{\cdot}{\cdot}$	
	e. Child's prorated share of AFDC MAP (c - d) .....	\$	
	f. Child's separate income .....	-	
	g. Child's prorated share of AFDC payment (if less than zero, use zero)(e - f) ...	-	
3. a. Monthly retroactive Farias payment (1c. - 2g.) .....		\$	
b. Number of months with no change .....		x	
c. Total retroactive payments for this time period (30 x 3b) .....			\$
From <u>      </u> MO./YR.	1. a. Basic Foster Care rate for retroactive month .....	\$	
to <u>      </u> MO./YR.	b. Child's separate income .....	-	
Months of Retroactive Payment during which there was <u>no</u> change	c. Foster Care Payment (a - b) .....		
	2. a. AFDC Maximum Aid Payment (MAP) for Family Budget Unit (FBU) for retroactive month .....	\$	
	b. MAP without Farias child(ren) and needy caretaker relative if only in FBU due to Farias children .....	-	
	c. Farias child(ren)'s share of AFDC MAP (a - b) .....	\$	
	d. Number of Farias child(ren) in AFDC FBU ( ) .....	$\frac{\cdot}{\cdot}$	
	e. Child's prorated share of AFDC MAP (c - d) .....	\$	
	f. Child's separate income .....	-	
	g. Child's prorated share of AFDC payment (if less than zero, use zero)(e - f) ...	-	
3. a. Monthly retroactive Farias payment (1c. - 2g.) .....		\$	
b. Number of months with no change .....		x	
c. Total retroactive payments for this time period (30 x 3b) .....			\$
Total retroactive payments from this page (3c) .....			\$
Total retroactive payments from previous page(s) .....			\$
Total retroactive payments through <u>                                </u> (MO./YR.) .....			\$
ELIGIBILITY WORKER SIGNATURE		DATE	

# STATEMENT OF FACTS SUPPORTING ELIGIBILITY FOR RETROACTIVE AFDC—FOSTER CARE PAYMENTS

(Farias vs. Woods)

## INSTRUCTIONS:

Complete in ink all questions to the  
left of the heavy black line.

**PLEASE NOTE:** This is only a screening application. If it appears that you may be eligible for these retroactive benefits, you will be asked to provide more evidence supporting the child's eligibility for federal foster care benefits.

NAME OF CHILD				<b>COUNTY USE ONLY</b>	
ADDRESS				<input type="checkbox"/> Walk-in Applicant	
SEX  <input type="checkbox"/> Male <input type="checkbox"/> Female	SOCIAL SECURITY NUMBER	BIRTHDATE	BIRTHPLACE	<input type="checkbox"/> Case Review Applicant	
NAME OF APPLICANT				CASE NAME	
ADDRESS				CASE NUMBER	
RELATIONSHIP OF APPLICANT TO CHILD			TIME PERIOD CHILD LIVED WITH APPLICANT FROM _____ TO _____		
NAME OF CHILD'S CARETAKER RELATIVE BETWEEN FEBRUARY 1, 1978 AND JUNE 30, 1980.					
ADDRESS					
NAME OF CHILD'S CARETAKER RELATIVE BETWEEN FEBRUARY 1, 1978 AND JUNE 30, 1980.					
ADDRESS					
				<b>YES</b>	<b>NO</b>
1. Was child removed from the home of a relative by a juvenile court order?				<input type="checkbox"/>	<input type="checkbox"/>
2. Name of relative from whom the child was removed. Relationship to child. _____					
3. Was child placed with a relative other than parent or relative from whom removed?				<input type="checkbox"/>	<input type="checkbox"/>
4. Did child receive AFDC-FG/U while living with the caretaker relative during some or all of the time period between February 1, 1978, and June 30, 1980? If yes, during what months did the child receive AFDC-FG/U? From _____ to _____				<input type="checkbox"/>	<input type="checkbox"/>
5. Did child receive SSI/SSP during some or all of the time period between February 1, 1978 and June 30, 1980? If yes, during what months did the child receive SSI/SSP? From _____ to _____				<input type="checkbox"/>	<input type="checkbox"/>
6. Were you the child's caretaker relative between February 1, 1978 and June 30, 1980? If no, are you the current caretaker of the child? Or, are you the child (now over 18 years of age) who was placed with a relative during the retroactive time period?				<input type="checkbox"/>   	<input type="checkbox"/>   
<i>I declare under penalty of perjury that the above statements are true and correct to the best of my knowledge. I agree to cooperate fully if verification of the above statements is required to process this application.</i>					
SIGNATURE OF CARETAKER RELATIVE OR CHILD OVER 18 YEARS OF AGE			COUNTY OF RESIDENCE	DATE	
SIGNATURE OF ELIGIBILITY WORKER			DATE		

**CURRENT RECIPIENT STATUS OF FARIAS CHILD**

☐ Receives AFDC-FG/U  
☐ Receives AFDC-FC (Fed)  
☐ Receives AFDC-FC (Nonfed)  
☐ Not Receiving Aid

**VERIFICATION**

**DISPOSITION**

Denied:

☐ Ineligible  
 Reason \_\_\_\_\_  
☐ Duplicate (Primary Claimant and Secondary Claimant Applied for Benefits)

Approved:

Amount Paid \$ \_\_\_\_\_

Paid to:

☐ Caretaker Relative  
☐ Child Under 18  
☐ Child Over 18

Date Paid: \_\_\_\_\_